



# State of Rhode Island Department of Business Regulation



## COMMERCIAL LICENSING & REGULATION

[www.dbr.state.ri.us](http://www.dbr.state.ri.us)

TELEPHONE 222-2416

### AUTO BODY REPAIR SHOPS APPLICATION INSTRUCTIONS

JANUARY 1, 2004 - DECEMBER 31, 2006

- 1) Completely fill out the attached license application.
- 2) Attach a certificate of insurance, issued by an insurance company authorized to transact business in this state, showing the applicant has a policy insuring against liability for injury to persons and damage to property which may be caused by the operation of an automobile repair shop. Such policy shall provide for liability against bodily injury in the sum of not less than three hundred thousand (\$300,000) per person and six hundred thousand (\$600,000) per occurrence; and liability for property damage of not less than three hundred thousand (\$300,000) per occurrence and liability for damage to customer property in the amount of not less than one hundred thousand (\$100,000) per occurrence.
- 3) Include the license fee of \$450.00 for three years (\$150 per year) by check payable to the Rhode Island General Treasurer. Fees may be pro-rated.
- 4) Attach evidence of fire code check.
- 5) Attach evidence of zoning approval for new license.
- 6) Sign BCI waiver form.
- 7) Attach evidence of EPA number if new license.

Please indicate on the application which of the four (4) types of Motor Vehicle Body Licenses you are applying for.

- 1) Full Collision Repair License – This License permits a Licensee to perform all types of Motor Vehicle Body Work. In addition to completing the application process set forth in subsection (c) below, all applicants for a Full Collision Repair License must submit proof of the following requirements:
  - A. Electrical and/or hydraulic pulling equipment.
  - B. Current dimensional guides;
  - C. Four (4) point clamping system to secure vehicle;
  - D. Equipment/gauges capable of measuring symmetrical and asymmetrical vehicles;
  - E. Welding equipment to meet manufacturer's requirements;
  - F. A paint system or access to a paint system capable of producing original manufacturer's requirements; and
  - G. Parking in compliance with local laws and regulations to perform the repair work.
- 2) Limited Heavy Truck and Equipment License – This License permits the refinishing and body repair work of trucks over the GVW (gross vehicle weight) of 24,000 pounds, cranes, trailers or other equipment. In addition to completing the application process set forth in subsection (c) below, applicants must submit proof of the following requirements:
  - A. Parking in compliance with local laws and regulations to perform the repair work; and
  - B. Welding equipment to meet manufacturer's requirements.
- 3) Limited Paint, Restoration and Customization License – This License permits restoration or customization of automobiles but not collision damaged vehicles. In addition to completing the application process set forth in subsection (c) below, the applicant must submit proof of the following requirements:
  - A. Parking in compliance with local laws and regulations to perform the repair work; and
  - B. Welding equipment to meet manufacturer's requirements.
- 4) Special Use License – This License permits limited, specially identified activities within the definition of Motor Vehicle Body Work as previously approved by the Department. In addition to completing the application process requirement set forth in subsection (3)(c) below, the Department will inform the applicant of other requirement necessary to obtain a Special Use License.



State of Rhode Island  
**Department of Business Regulation**



**DIVISION OF COMMERCIAL LICENSING & REGULATION**

**233 RICHMOND STREET**

**PROVIDENCE, RI 02903**

**TELEPHONE 222-2416**

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**APPLICATION FOR NEW LICENSE  
AUTO BODY REPAIR SHOP**

**JANUARY 1, 2004- DECEMBER 31, 2006**

(IN ACCORDANCE WITH TITLE 5, CHAPTER 38, SECTION 1 OF THE GENERAL LAWS OF RHODE ISLAND)

INDICATE WHICH MOTOR VEHICLE LICENSE APPLICATION IS FOR:

FULL COLLISION REPAIR \_\_\_\_\_

LIMITED HEAVY TRUCK AND EQUIPMENT \_\_\_\_\_

LIMITED PAINT, RESTORATION, CUSTOMIZATION \_\_\_\_\_

SPECIAL USE \_\_\_\_\_

OWNER'S NAME \_\_\_\_\_ D.O.B. \_\_\_\_\_

OWNER'S ADDRESS \_\_\_\_\_ HOME  
PHONE# \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS  
PHONE# \_\_\_\_\_

CITY/ZIP CODE \_\_\_\_\_

CORPORATION: \_\_\_\_\_ YES \_\_\_\_\_ NO - IF YES, LIST OFFICERS NAMES AND

ADDRESSES AND INCLUDE A COPY OF CORPORATE PAPERS.

PRESIDENT \_\_\_\_\_ D.O.B. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

VICE PRESIDENT \_\_\_\_\_ D.O.B. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TREASURER \_\_\_\_\_ D.O.B. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

SECRETARY \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

**STOCKHOLDERS NAMES ADDRESSES, AND NUMBER OF SHARES OWNED ( Use separate sheet, if necessary).**

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**PARTNERSHIP: YES \_\_\_\_\_ NO \_\_\_\_\_ IF YES, LIST NAMES AND ADDRESSES OF ALL PARTNERS: (Use separate sheet, if necessary)**

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**LIMITED LIABILITY COMPANY: \_\_\_\_\_ YES \_\_\_\_\_ NO, PLEASE LIST NAMES AND ADDRESSES OF MEMBERS: (Use separate sheet, if necessary)**

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**HAVE YOU, A PARTNER, MEMBER , OFFICER, OR STOCKHOLDER EVER BEEN CONVICTED OF OR PLEAD NOLO CONTENDERE TO A MISDEMEANOR OR FELONY: \_\_\_\_\_ YES \_\_\_\_\_ NO**

**IF YES, PLEASE GIVE DETAILS: (use separate sheet, if necessary)**

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**HAVE YOU, A PARTNER, MEMBER, OFFICER, OR STOCK HOLDER EVER BEEN A PARTY IN ANY PROCEEDINGS (CIVIL, CRIMINAL OR OTHERWISE) INVOLVING FRAUD, DECEIT OR MISREPRESENTATION: \_\_\_\_\_ YES \_\_\_\_\_ NO**

**IF YES, PLEASE EXPLAIN: (Use separate sheet, if necessary) \_\_\_\_\_**

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**HAVE YOU, A PARTNER, MEMBER OR OFFICER, OR STOCKHOLDER EVER BEEN INVOLVED IN ANY MOTOR VEHICLE REPAIR BUSINESS WHICH HAD AN APPLICATION FOR A LICENSE BEEN DENIED OR HAD A LICENSE SUSPENDED, REVOKED OR SURRENDERED:**

**\_\_\_\_\_ YES \_\_\_\_\_ NO – IF YES, PLEASE EXPLAIN: \_\_\_\_\_**

**(Use separate sheet, if necessary) \_\_\_\_\_**

**IS THIS YOUR FIRST AUTO BODY LICENSE: \_\_\_\_\_ YES \_\_\_\_\_ NO**

**IF NO, PLEASE LIST NAME OF FORMER BUSINESS AND LICENSE NUMBER \_\_\_\_\_**

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**DO YOU CURRENTLY HOLD A LICENSE FOR:**

**NEW VEHICLE DEALER: NO \_\_\_\_\_ YES \_\_\_\_\_ IF YES, LICENSE # \_\_\_\_\_**

APPRAISER/ADJUSTER: NO \_\_\_\_\_ YES \_\_\_\_\_

INDICATE ANTICIPATED SQUARE FOOTAGE OF PROPOSED SHOP \_\_\_\_\_

TYPE OF EQUIP USED \_\_\_\_\_

APPROXIMATE COST \_\_\_\_\_

DESCRIBE SECURED STORAGE AREA FOR DAMAGED VEHICLE

(Use separate sheet, if necessary) \_\_\_\_\_

LIST NAMES AND ADDRESSES OF ALL PAID OR UNPAID EMPLOYEES OR AGENTS  
WORKING AT THE BUSINESS: (Use separate sheet, if necessary)

\_\_\_\_\_  
\_\_\_\_\_

PLEASE TAKE NOTE OF R.I. GEN. LAWS § 5-38-11 WHICH READS:

R.I. GEN LAWS §5-38-11. RESPONSIBILITY OF LICENEE FOR ACTS OF AGENTS" IF A LICENSEE IS A FIRM OR CORPORATION IT SHALL BE SUFFICIENT CAUSE FOR SUSPENSION OR REVOCATION OF A LICENSE IF ANY OFFICER, DIRECTOR, OR TRUSTEE OF THE FIRM OR CORPORATION OR ANY MEMBER IN THE CASE OF A PARTNERSHIP, SHALL HAVE BEEN FOUND BY THE DEPARTMENT GUILTY OF ANY ACT OR OMISSION WHICH WOULD BE CAUSE FOR REFUSING, SUSPENDING OR REVOKING A LICENSE TO SUCH PARTY AS AN INDIVIDUAL. EACH LICENSEE SHALL BE RESPONSIBLE FOR THE ACTS OF ANY SALESMAN OR ANY DRIVE-AWAY TOW-AWAY OPERATOR ACTING AS THE AGENT FOR THAT LICENSEE, AND FOR THE ACTS OF ANY SALESPERSON, ESTIMATOR OR OTHER EMPLOYEE ACTING AS THE AGENT FOR THAT LICENSEE.

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SIGNATURE OF PRINCIPAL OWNER/OR AUTHORIZED SIGNATORY:

DATE: \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE: \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

SEAL OF NOTARY PUBLIC: SUBSCRIBED AND SWORN TO AT \_\_\_\_\_

BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ A.D. 20 \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC

## WAIVER

I, \_\_\_\_\_, of \_\_\_\_\_  
(applicant name) (address)

having date of birth of \_\_\_\_\_ and social security number of \_\_\_\_\_ am applying for a \_\_\_\_\_ license with the Department of Business Regulation and hereby direct and authorize the Bureau of Criminal Identification of the Department of Attorney General for the State of Rhode Island to make available to the Department of Business Regulation any criminal record or other disposition that that the Bureau of Criminal Identification has on file in reference to me.

I hereby waive and release any and all manner of actions, cause of actions, and demands of every kind, nature and description, arising from any release of criminal records and requests therefrom, whatsoever against the State of Rhode Island, Bureau of Criminal Identification, the Attorney General, the employees of the Attorney General's Office and officials of the Department of business Regulation in both law and equity which I may now have or in the future my have.

\_\_\_\_\_  
(Signature of Applicant)

Sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My Commision Expires: \_\_\_\_\_